

they choose to fly in domestic or foreign air carriers.

I would also like to highlight another benefit of this legislation. As we enter into the next millennium, evolving technology will continue to draw citizens of different nations closer together. This legislation will not only aid American citizens, it will also benefit other nationalities boarding flights with prearranged disaster assistance plans. Common sense points to the competency of this legislation and I encourage the rest of my colleagues to support it.

We must prove to our constituents that we care about them whether they fly domestic or foreign airlines, and I encourage my colleagues to be forward-looking and support my efforts in requiring foreign air carriers permitted to fly in the United States the responsibility to arrange disaster assistance plans should an accident occur on American soil. This legislation is a pledge that Korean Air's 801 passengers did not perish in vain.

#### GULF WAR VETERANS DESERVE TO RECEIVE BENEFITS AND HEALTH CARE

The SPEAKER pro tempore. Under the Speaker's announced policy of January 21, 1997, the gentleman from Florida [Mr. STEARNS] is recognized during morning hour debates for 5 minutes.

Mr. STEARNS. Mr. Speaker, there has been a lot in the newspapers recently about the gulf war syndrome, so I thought I would take a moment to comment on them.

First of all, as chairman of the Veterans Subcommittee on Health, we are active in marking up pieces of legislation that affect this matter, but I wanted to point out this morning, Mr. Speaker, that I want to commend the Presidential advisory committee on gulf war veterans' illnesses for recommending to the administration that it create a permanent statutory program of benefits and health care for the thousands of veterans who have been plagued with a variety of unexplained symptoms.

Coincidentally, the full Committee on Veterans' Affairs will be marking up legislation that my subcommittee earlier formulated that will require the VA to create a \$5-million program, competitive grant program, under which up to 10 VA facilities would establish demonstration projects to test new approaches to treating Persian Gulf veterans which meets with their satisfaction.

This proposed legislation will require the VA to utilize three approaches. These approaches could be used alone or in combination. The new approaches are: First, a specialized clinic which serves Persian Gulf veterans; second, multi-disciplinary treatment aimed at managing symptoms; and third, the use of case managers.

I have a bill in Congress, H.R. 2206, which of course also reaffirms the VA's

obligation to provide verbal counseling to Persian Gulf veterans with respect to the finding of its registry examinations.

This legislation would also specify that these veterans are eligible for VA health care for any problem related to service in the Gulf, not just those problems that may be linked to exposure to toxic substances or environmental hazards.

While I commend the advisory committee for its recommendations to establish a permanent program of benefits and health care, Mr. Speaker, I must also voice my strong objection to the fact that it stands by a previous presidential commission report issued in January that declared that it could not find a causal link between the frequently reported symptoms of fatigue, headaches, sore joints, and rashes, commonly referred to as the gulf war syndrome. Furthermore, the committee report stated that it believed that stress was "likely to have been an important contributing factor."

Mr. Speaker, as my colleagues may recall, in the last Congress we enacted legislation to extend priority health care for veterans exposed to agent orange and those who served in the Persian Gulf war through December 31, 1998. My commitment then and now is to provide priority health care to those who served in the gulf war. It is a long-standing commitment, and not just by virtue of my new position as chairman of the Subcommittee on Health.

With respect to what has been known as the gulf war syndrome, I took a deep interest in requesting that we aggressively seek answers to the many unexplained illnesses experienced by gulf war veterans. One of the first casualties of this mysterious group of diseases was a constituent of mine, Michael Adcock of Ocala, FL, who died at the age of 22 after serving in Operation Desert Storm.

After returning home from the gulf war, Michael suffered a number of symptoms which had befallen many other gulf war veterans, including persistent nausea, skin rashes, aching joints, hair loss, bleeding gums, blurred vision, and lack of energy, among others.

Michael died in 1993, three years after coming home from the Desert Storm operation. We are still looking for answers to the causes of this mysterious syndrome which appears to be indigenous to those who served in the gulf war.

I think we all know how terribly urgent it is that we continue with our research efforts until we find the answer to the cause of this syndrome that is so ubiquitous to those veterans.

In light of the controversy surrounding unexplained illnesses Desert Storm veterans have and are experiencing, the VA, Department of Defense, NIH and the HHS have long been conducting extensive research into possible causes of the unexplained illnesses associated with this military campaign.

Mr. Speaker, I am optimistic that through these efforts we might find the missing link that will explain this rash of perplexing illnesses which seem to be indigenous to those particular veterans. We all know how invaluable the research being conducted is and the need to find answers as to what is causing thousands of gulf war veterans to be plagued by a rash of unexplained symptoms.

Mr. Speaker, I hope that the Department of Defense and the VA will continue to both aggressively treat symptoms associated with Desert Storm syndrome and investigate its causes or cause.

#### RECESS

The SPEAKER pro tempore. Pursuant to clause 12 of rule I, the Chair declares the House in recess until 2 p.m. today.

Accordingly (at 12 o'clock and 42 minutes p.m.), the House stood in recess until 2 p.m.

□ 1400

#### AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. UPTON) at 2 p.m.

#### PRAYER

The Chaplain, Rev. James David Ford, D.D., offered the following prayer:

We are grateful, Oh God, that whatever our place in life and whatever our need, whether our spirits are rising or whether we know adversity, we can express our thanksgivings to You for Your promises to us and to every person. We are grateful that we do not walk the paths of life alone, or face the mysterious and bewildering events of the day by ourselves, but Your guiding hand gives direction and Your spirit lifts us when we are weak. With thanksgiving and praise we begin this week and with hearts of gratitude we offer these words of prayer and petition.

This is our earnest prayer. Amen.

#### THE JOURNAL

The SPEAKER pro tempore. The Chair has examined the Journal of the last day's proceedings and announces to the House his approval thereof.

Pursuant to clause 1, rule I, the Journal stands approved.

#### PLEDGE OF ALLEGIANCE

The SPEAKER pro tempore. Will the gentleman from Michigan [Mr. KILDEE] come forward and lead the House in the Pledge of Allegiance.

Mr. KILDEE led the Pledge of Allegiance as follows:

I pledge allegiance to the Flag of the United States of America, and to the Republic for